

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Bill No. 575, Page 1, Section A, Line 4, by
2 inserting after all of said section and line the following:

3
4 "9.192. The years of 2018 to 2028 shall hereby be designated as the "Show-Me Freedom
5 from Opioid Addiction Decade"."; and

6
7 Further amend said bill, Page 2, Section 191.1145, Line 48, by inserting after all of said section and
8 line the following:

9
10 "195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer
11 pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with
12 section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the
13 course of his or her professional practice only, may prescribe, administer, and dispense controlled
14 substances or he or she may cause the same to be administered or dispensed by an individual as
15 authorized by statute.

16 2. An advanced practice registered nurse, as defined in section 335.016, but not a certified
17 registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate
18 of controlled substance prescriptive authority from the board of nursing under section 335.019 and
19 who is delegated the authority to prescribe controlled substances under a collaborative practice
20 arrangement under section 334.104 may prescribe any controlled substances listed in Schedules III,
21 IV, and V of section 195.017, and may have restricted authority in Schedule II. Prescriptions for
22 Schedule II medications prescribed by an advanced practice registered nurse who has a certificate of
23 controlled substance prescriptive authority are restricted to only those medications containing
24 hydrocodone. However, no such certified advanced practice registered nurse shall prescribe
25 controlled substance for his or her own self or family. Schedule III narcotic controlled substance
26 and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply
27 without refill.

28 3. A veterinarian, in good faith and in the course of the veterinarian's professional practice
29 only, and not for use by a human being, may prescribe, administer, and dispense controlled
30 substances and the veterinarian may cause them to be administered by an assistant or orderly under
31 his or her direction and supervision.

32 4. A practitioner shall not accept any portion of a controlled substance unused by a patient,
33 for any reason, if such practitioner did not originally dispense the drug, except as provided in
34 section 195.265.

35 5. An individual practitioner shall not prescribe or dispense a controlled substance for such
36 practitioner's personal use except in a medical emergency.

Action Taken _____ Date _____

1 195.265. 1. Unused controlled substances may be accepted from ultimate users, from
 2 hospice or home health care providers on behalf of ultimate users to the extent federal law allows,
 3 or any person lawfully entitled to dispose of a decedent's property if the decedent was an ultimate
 4 user who died while in lawful possession of a controlled substance, through:

5 (1) Collection receptacles, drug disposal boxes, mail back packages, and other means by a
 6 Drug Enforcement Agency-authorized collector in accordance with federal regulations even if the
 7 authorized collector did not originally dispense the drug; or

8 (2) Drug take back programs conducted by federal, state, tribal, or local law enforcement
 9 agencies in partnership with any person or entity.

10
 11 This subsection shall supersede and preempt any local ordinances or regulations, including any
 12 ordinances or regulations enacted by any political subdivision of the state, regarding the disposal of
 13 unused controlled substances. For the purposes of this section, the term "ultimate user" shall mean a
 14 person who has lawfully obtained and possesses a controlled substance for his or her own use or for
 15 the use of a member of his or her household or for an animal owned by him or her or a member of
 16 his or her household.

17 2. By August 28, 2019, the department of health and senior services shall develop an
 18 education and awareness program regarding drug disposal, including controlled substances. The
 19 education and awareness program may include, but not be limited to:

20 (1) A web-based resource that:

21 (a) Describes available drug disposal options including take back, take back events, mail
 22 back packages, in-home disposal options that render a product safe from misuse, or any other
 23 methods that comply with state and federal laws and regulations, may reduce the availability of
 24 unused controlled substances, and may minimize the potential environmental impact of drug
 25 disposal;

26 (b) Provides a list of drug disposal take back sites, which may be sorted and searched by
 27 name or location and is updated every six months by the department;

28 (c) Provides a list of take back events and mail back events in the state, including the date,
 29 time, and location information for each event and is updated every six months by the department;
 30 and

31 (d) Provides information for authorized collectors regarding state and federal requirements
 32 to comply with the provisions of subsection 1 of this section; and

33 (2) Promotional activities designed to ensure consumer awareness of proper storage and
 34 disposal of prescription drugs, including controlled substances."; and

35
 36 Further amend said bill, Page 4, Section 208.677, Line 32, by inserting after all of said section and
 37 line the following:

38
 39 "217.364. 1. The department of corrections shall establish by regulation the "Offenders
 40 Under Treatment Program". The program shall include institutional placement of certain offenders,
 41 as outlined in subsection 3 of this section, under the supervision and control of the department of
 42 corrections. The department shall establish rules determining how, when and where an offender
 43 shall be admitted into or removed from the program.

44 2. As used in this section, the term "offenders under treatment program" means a one-
 45 hundred-eighty-day institutional correctional program for the monitoring, control and treatment of
 46 certain substance abuse offenders and certain nonviolent offenders followed by placement on parole
 47 with continued supervision. As used in this section, the term "medication-assisted treatment" means
 48 the use of pharmacological medications, in combination with counseling and behavioral therapies,

1 to provide a whole-patient approach to the treatment of substance use disorders.

2 3. The following offenders may participate in the program as determined by the department:

3 (1) Any nonviolent offender who has not previously been remanded to the department and
4 who has been found guilty of violating the provisions of chapter 195 or 579 or whose substance
5 abuse was a precipitating or contributing factor in the commission of his offense; or

6 (2) Any nonviolent offender who has pled guilty or been found guilty of a crime which did
7 not involve the use of a weapon, and who has not previously been remanded to the department.

8 4. This program shall be used as an intermediate sanction by the department. The program
9 may include education, treatment and rehabilitation programs. If an offender successfully
10 completes the institutional phase of the program, the department shall notify the board of probation
11 and parole within thirty days of completion. Upon notification from the department that the
12 offender has successfully completed the program, the board of probation and parole may at its
13 discretion release the offender on parole as authorized in subsection 1 of section 217.690.

14 5. The availability of space in the institutional program shall be determined by the
15 department of corrections.

16 6. If the offender fails to complete the program, the offender shall be taken out of the
17 program and shall serve the remainder of his sentence with the department.

18 7. Time spent in the program shall count as time served on the sentence.

19 8. If an offender requires treatment for opioid or other substance misuse or dependence, the
20 department shall not prohibit such offender from participating in and receiving medication-assisted
21 treatment under the care of a physician licensed in this state to practice medicine. An offender shall
22 not be required to refrain from using medication-assisted treatment as a term or condition of his or
23 her sentence.

24 334.036. 1. For purposes of this section, the following terms shall mean:

25 (1) "Assistant physician", any medical school graduate who:

26 (a) Is a resident and citizen of the United States or is a legal resident alien;

27 (b) Has successfully completed [~~Step 1 and~~] Step 2 of the United States Medical Licensing
28 Examination or the equivalent of such [~~steps~~] step of any other board-approved medical licensing
29 examination within the [~~two-year~~] three-year period immediately preceding application for licensure
30 as an assistant physician, [~~but in no event more than~~] or within three years after graduation from a
31 medical college or osteopathic medical college, whichever is later;

32 (c) Has not completed an approved postgraduate residency and has successfully completed
33 Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any
34 other board-approved medical licensing examination within the immediately preceding [~~two-year~~]
35 three-year period unless when such [~~two-year~~] three-year anniversary occurred he or she was
36 serving as a resident physician in an accredited residency in the United States and continued to do so
37 within thirty days prior to application for licensure as an assistant physician; and

38 (d) Has proficiency in the English language.

39
40 Any medical school graduate who could have applied for licensure and complied with the
41 provisions of this subdivision at any time between August 28, 2014, and August 28, 2017, may
42 apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

43 (2) "Assistant physician collaborative practice arrangement", an agreement between a
44 physician and an assistant physician that meets the requirements of this section and section 334.037;

45 (3) "Medical school graduate", any person who has graduated from a medical college or
46 osteopathic medical college described in section 334.031.

47 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant
48 physician to providing only primary care services and only in medically underserved rural or urban

1 areas of this state or in any pilot project areas established in which assistant physicians may practice.

2 (2) For a physician-assistant physician team working in a rural health clinic under the
3 federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

4 (a) An assistant physician shall be considered a physician assistant for purposes of
5 regulations of the Centers for Medicare and Medicaid Services (CMS); and

6 (b) No supervision requirements in addition to the minimum federal law shall be required.

7 3. (1) For purposes of this section, the licensure of assistant physicians shall take place
8 within processes established by rules of the state board of registration for the healing arts. The
9 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and
10 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such
11 other matters as are necessary to protect the public and discipline the profession. No licensure fee
12 for an assistant physician shall exceed the amount of any licensure fee for a physician assistant. An
13 application for licensure may be denied or the licensure of an assistant physician may be suspended
14 or revoked by the board in the same manner and for violation of the standards as set forth by section
15 334.100, or such other standards of conduct set by the board by rule. No rule or regulation shall
16 require an assistant physician to complete more hours of continuing medical education than that of a
17 licensed physician.

18 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created
19 under the authority delegated in this section shall become effective only if it complies with and is
20 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
21 chapter 536 are nonseverable and if any of the powers vested with the general assembly under
22 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
23 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
24 August 28, 2014, shall be invalid and void.

25 (3) Any rules or regulations regarding assistant physicians in effect as of the effective date
26 of this section that conflict with the provisions of this section and section 334.037 shall be null and
27 void as of the effective date of this section.

28 4. An assistant physician shall clearly identify himself or herself as an assistant physician
29 and shall be permitted to use the terms “doctor”, “Dr.”, or “doc”. No assistant physician shall
30 practice or attempt to practice without an assistant physician collaborative practice arrangement,
31 except as otherwise provided in this section and in an emergency situation.

32 5. The collaborating physician is responsible at all times for the oversight of the activities of
33 and accepts responsibility for primary care services rendered by the assistant physician.

34 6. The provisions of section 334.037 shall apply to all assistant physician collaborative
35 practice arrangements. ~~[To be eligible to practice as an assistant physician, a licensed assistant~~
36 ~~physician shall enter into an assistant physician collaborative practice arrangement within six~~
37 ~~months of his or her initial licensure and shall not have more than a six-month time period between~~
38 ~~collaborative practice arrangements during his or her licensure period.]~~ Any renewal of licensure
39 under this section shall include verification of actual practice under a collaborative practice
40 arrangement in accordance with this subsection during the immediately preceding licensure period.

41 7. Each health carrier or health benefit plan that offers or issues health benefit plans that are
42 delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant
43 physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis
44 that the health carrier or health benefit plan covers the service when it is delivered by another
45 comparable mid-level health care provider including, but not limited to, a physician assistant.

46 334.037. 1. A physician may enter into collaborative practice arrangements with assistant
47 physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly
48 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative

1 practice arrangements, which shall be in writing, may delegate to an assistant physician the
2 authority to administer or dispense drugs and provide treatment as long as the delivery of such
3 health care services is within the scope of practice of the assistant physician and is consistent with
4 that assistant physician's skill, training, and competence and the skill and training of the
5 collaborating physician.

6 2. The written collaborative practice arrangement shall contain at least the following
7 provisions:

8 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the
9 collaborating physician and the assistant physician;

10 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
11 subsection where the collaborating physician authorized the assistant physician to prescribe;

12 (3) A requirement that there shall be posted at every office where the assistant physician is
13 authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure
14 statement informing patients that they may be seen by an assistant physician and have the right to
15 see the collaborating physician;

16 (4) All specialty or board certifications of the collaborating physician and all certifications
17 of the assistant physician;

18 (5) The manner of collaboration between the collaborating physician and the assistant
19 physician, including how the collaborating physician and the assistant physician shall:

20 (a) Engage in collaborative practice consistent with each professional's skill, training,
21 education, and competence;

22 (b) Maintain geographic proximity; except, the collaborative practice arrangement may
23 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year
24 for rural health clinics as defined by ~~[P.L.] Pub. L. 95-210 [;]~~ (42 U.S.C. Section 1395x), as
25 amended, as long as the collaborative practice arrangement includes alternative plans as required in
26 paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to
27 independent rural health clinics, provider-based rural health clinics if the provider is a critical access
28 hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the
29 main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating
30 physician shall maintain documentation related to such requirement and present it to the state board
31 of registration for the healing arts when requested; and

32 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
33 collaborating physician;

34 (6) A description of the assistant physician's controlled substance prescriptive authority in
35 collaboration with the physician, including a list of the controlled substances the physician
36 authorizes the assistant physician to prescribe and documentation that it is consistent with each
37 professional's education, knowledge, skill, and competence;

38 (7) A list of all other written practice agreements of the collaborating physician and the
39 assistant physician;

40 (8) The duration of the written practice agreement between the collaborating physician and
41 the assistant physician;

42 (9) A description of the time and manner of the collaborating physician's review of the
43 assistant physician's delivery of health care services. The description shall include provisions that
44 the assistant physician shall submit a minimum of ten percent of the charts documenting the
45 assistant physician's delivery of health care services to the collaborating physician for review by the
46 collaborating physician, or any other physician designated in the collaborative practice arrangement,
47 every fourteen days; and

48 (10) The collaborating physician, or any other physician designated in the collaborative

1 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in
 2 which the assistant physician prescribes controlled substances. The charts reviewed under this
 3 subdivision may be counted in the number of charts required to be reviewed under subdivision (9)
 4 of this subsection.

5 3. The state board of registration for the healing arts under section 334.125 shall promulgate
 6 rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules
 7 shall specify:

8 (1) Geographic areas to be covered;

9 (2) The methods of treatment that may be covered by collaborative practice arrangements;

10 (3) In conjunction with deans of medical schools and primary care residency program
 11 directors in the state, the development and implementation of educational methods and programs
 12 undertaken during the collaborative practice service which shall facilitate the advancement of the
 13 assistant physician's medical knowledge and capabilities, and which may lead to credit toward a
 14 future residency program for programs that deem such documented educational achievements
 15 acceptable; and

16 (4) The requirements for review of services provided under collaborative practice
 17 arrangements, including delegating authority to prescribe controlled substances.

18
 19 Any rules relating to dispensing or distribution of medications or devices by prescription or
 20 prescription drug orders under this section shall be subject to the approval of the state board of
 21 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription
 22 or prescription drug orders under this section shall be subject to the approval of the department of
 23 health and senior services and the state board of pharmacy. The state board of registration for the
 24 healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with
 25 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall
 26 not extend to collaborative practice arrangements of hospital employees providing inpatient care
 27 within hospitals as defined in chapter 197 or population-based public health services as defined by
 28 20 CSR 2150-5.100 as of April 30, 2008.

29 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or
 30 otherwise take disciplinary action against a collaborating physician for health care services
 31 delegated to an assistant physician provided the provisions of this section and the rules promulgated
 32 thereunder are satisfied.

33 5. Within thirty days of any change and on each renewal, the state board of registration for
 34 the healing arts shall require every physician to identify whether the physician is engaged in any
 35 collaborative practice arrangement, including collaborative practice arrangements delegating the
 36 authority to prescribe controlled substances, and also report to the board the name of each assistant
 37 physician with whom the physician has entered into such arrangement. The board may make such
 38 information available to the public. The board shall track the reported information and may
 39 routinely conduct random reviews of such arrangements to ensure that arrangements are carried out
 40 for compliance under this chapter.

41 6. A collaborating physician or supervising physician shall not enter into a collaborative
 42 practice arrangement or supervision agreement with more than ~~[three]~~ six full-time equivalent
 43 assistant physicians, full-time equivalent physician assistants, or full-time equivalent advance
 44 practice registered nurses, or any combination thereof. Such limitation shall not apply to
 45 collaborative arrangements of hospital employees providing inpatient care service in hospitals as
 46 defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100
 47 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under
 48 the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately

1 available if needed as set out in subsection 7 of section 334.104.

2 7. The collaborating physician shall determine and document the completion of at least a
3 one-month period of time during which the assistant physician shall practice with the collaborating
4 physician continuously present before practicing in a setting where the collaborating physician is not
5 continuously present. No rule or regulation shall require the collaborating physician to review more
6 than ten percent of the assistant physician's patient charts or records during such one-month period.
7 Such limitation shall not apply to collaborative arrangements of providers of population-based
8 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

9 8. No agreement made under this section shall supersede current hospital licensing
10 regulations governing hospital medication orders under protocols or standing orders for the purpose
11 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such
12 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical
13 therapeutics committee.

14 9. No contract or other agreement shall require a physician to act as a collaborating
15 physician for an assistant physician against the physician's will. A physician shall have the right to
16 refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No
17 contract or other agreement shall limit the collaborating physician's ultimate authority over any
18 protocols or standing orders or in the delegation of the physician's authority to any assistant
19 physician, but such requirement shall not authorize a physician in implementing such protocols,
20 standing orders, or delegation to violate applicable standards for safe medical practice established
21 by a hospital's medical staff.

22 10. No contract or other agreement shall require any assistant physician to serve as a
23 collaborating assistant physician for any collaborating physician against the assistant physician's
24 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a
25 particular physician.

26 11. All collaborating physicians and assistant physicians in collaborative practice
27 arrangements shall wear identification badges while acting within the scope of their collaborative
28 practice arrangement. The identification badges shall prominently display the licensure status of
29 such collaborating physicians and assistant physicians.

30 12. (1) An assistant physician with a certificate of controlled substance prescriptive
31 authority as provided in this section may prescribe any controlled substance listed in Schedule III,
32 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the
33 authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions
34 for Schedule II medications prescribed by an assistant physician who has a certificate of controlled
35 substance prescriptive authority are restricted to only those medications containing hydrocodone.
36 Such authority shall be filed with the state board of registration for the healing arts. The
37 collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug
38 category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the
39 collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances
40 for themselves or members of their families. Schedule III controlled substances and Schedule II -
41 hydrocodone prescriptions shall be limited to a five-day supply without refill, except that
42 buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving
43 medication assisted treatment for substance use disorders under the direction of the collaborating
44 physician. Assistant physicians who are authorized to prescribe controlled substances under this
45 section shall register with the federal Drug Enforcement Administration and the state bureau of
46 narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration
47 number on prescriptions for controlled substances.

48 (2) The collaborating physician shall be responsible to determine and document the

1 completion of at least one hundred twenty hours in a four-month period by the assistant physician
2 during which the assistant physician shall practice with the collaborating physician on-site prior to
3 prescribing controlled substances when the collaborating physician is not on-site. Such limitation
4 shall not apply to assistant physicians of population-based public health services as defined in 20
5 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

6 (3) An assistant physician shall receive a certificate of controlled substance prescriptive
7 authority from the state board of registration for the healing arts upon verification of licensure under
8 section 334.036.

9 334.104. 1. A physician may enter into collaborative practice arrangements with registered
10 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,
11 jointly agreed-upon protocols, or standing orders for the delivery of health care services.
12 Collaborative practice arrangements, which shall be in writing, may delegate to a registered
13 professional nurse the authority to administer or dispense drugs and provide treatment as long as the
14 delivery of such health care services is within the scope of practice of the registered professional
15 nurse and is consistent with that nurse's skill, training and competence.

16 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
17 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
18 treatment if the registered professional nurse is an advanced practice registered nurse as defined in
19 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
20 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
21 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
22 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
23 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of
24 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
25 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
26 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
27 hour supply without refill. Such collaborative practice arrangements shall be in the form of written
28 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.
29 An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply
30 without refill for patient's receiving medication assisted treatment for substance use disorders under
31 the direction of the collaborating physician.

32 3. The written collaborative practice arrangement shall contain at least the following
33 provisions:

34 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the
35 collaborating physician and the advanced practice registered nurse;

36 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
37 subsection where the collaborating physician authorized the advanced practice registered nurse to
38 prescribe;

39 (3) A requirement that there shall be posted at every office where the advanced practice
40 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
41 displayed disclosure statement informing patients that they may be seen by an advanced practice
42 registered nurse and have the right to see the collaborating physician;

43 (4) All specialty or board certifications of the collaborating physician and all certifications
44 of the advanced practice registered nurse;

45 (5) The manner of collaboration between the collaborating physician and the advanced
46 practice registered nurse, including how the collaborating physician and the advanced practice
47 registered nurse will:

48 (a) Engage in collaborative practice consistent with each professional's skill, training,

1 education, and competence;

2 (b) Maintain geographic proximity, except the collaborative practice arrangement may allow
3 for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for
4 rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement
5 includes alternative plans as required in paragraph (c) of this subdivision. This exception to
6 geographic proximity shall apply only to independent rural health clinics, provider-based rural
7 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-
8 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater
9 than fifty miles from the clinic. The collaborating physician is required to maintain documentation
10 related to this requirement and to present it to the state board of registration for the healing arts
11 when requested; and

12 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
13 collaborating physician;

14 (6) A description of the advanced practice registered nurse's controlled substance
15 prescriptive authority in collaboration with the physician, including a list of the controlled
16 substances the physician authorizes the nurse to prescribe and documentation that it is consistent
17 with each professional's education, knowledge, skill, and competence;

18 (7) A list of all other written practice agreements of the collaborating physician and the
19 advanced practice registered nurse;

20 (8) The duration of the written practice agreement between the collaborating physician and
21 the advanced practice registered nurse;

22 (9) A description of the time and manner of the collaborating physician's review of the
23 advanced practice registered nurse's delivery of health care services. The description shall include
24 provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the
25 charts documenting the advanced practice registered nurse's delivery of health care services to the
26 collaborating physician for review by the collaborating physician, or any other physician designated
27 in the collaborative practice arrangement, every fourteen days; and

28 (10) The collaborating physician, or any other physician designated in the collaborative
29 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in
30 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed
31 under this subdivision may be counted in the number of charts required to be reviewed under
32 subdivision (9) of this subsection.

33 4. The state board of registration for the healing arts pursuant to section 334.125 and the
34 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
35 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to
36 be covered, the methods of treatment that may be covered by collaborative practice arrangements
37 and the requirements for review of services provided pursuant to collaborative practice
38 arrangements including delegating authority to prescribe controlled substances. Any rules relating
39 to dispensing or distribution of medications or devices by prescription or prescription drug orders
40 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating
41 to dispensing or distribution of controlled substances by prescription or prescription drug orders
42 under this section shall be subject to the approval of the department of health and senior services
43 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority
44 vote of a quorum of each board. Neither the state board of registration for the healing arts nor the
45 board of nursing may separately promulgate rules relating to collaborative practice arrangements.
46 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
47 rulemaking authority granted in this subsection shall not extend to collaborative practice
48 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to

chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

8. A collaborating physician or supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than ~~three~~ six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply

to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

11. No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

12. No contract or other agreement shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

(1) "Applicant", any individual who seeks to become licensed as a physician assistant;

(2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;

(3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;

(4) "Department", the department of insurance, financial institutions and professional registration or a designated agency thereof;

(5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;

(6) "Physician assistant", a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;

(7) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;

(8) "Supervision", control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant's delivery of care. The physician assistant shall only practice at a location where the physician routinely provides patient care, except existing patients of the supervising physician in the patient's home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician

assistant's training and that the physician assistant shall not practice beyond the physician assistant's training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care as described in subsection 3 of this section. Only days in which the physician assistant provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility. The board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.

2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, ~~[where the supervising physician is no further than fifty miles by road using the most direct route available and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care or adequate review of services]~~ within a geographic proximity to be determined by the board of registration for the healing arts.

(2) For a physician-physician assistant team working in a certified community behavioral health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended, no supervision requirements in addition to the minimum federal law shall be required.

3. The scope of practice of a physician assistant shall consist only of the following services and procedures:

- (1) Taking patient histories;
- (2) Performing physical examinations of a patient;
- (3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;
- (4) Performing routine therapeutic procedures;
- (5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;
- (6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;
- (7) Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;
- (8) Assisting in surgery;
- (9) Performing such other tasks not prohibited by law under the supervision of a licensed physician as the physician's assistant has been trained and is proficient to perform; and
- (10) Physician assistants shall not perform or prescribe abortions.

4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

1 (1) A physician assistant shall only prescribe controlled substances in accordance with
2 section 334.747;

3 (2) The types of drugs, medications, devices or therapies prescribed by a physician assistant
4 shall be consistent with the scopes of practice of the physician assistant and the supervising
5 physician;

6 (3) All prescriptions shall conform with state and federal laws and regulations and shall
7 include the name, address and telephone number of the physician assistant and the supervising
8 physician;

9 (4) A physician assistant, or advanced practice registered nurse as defined in section
10 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
11 professional samples to patients; and

12 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the
13 supervising physician is not qualified or authorized to prescribe.

14 5. A physician assistant shall clearly identify himself or herself as a physician assistant and
15 shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or
16 "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
17 assistant shall practice or attempt to practice without physician supervision or in any location where
18 the supervising physician is not immediately available for consultation, assistance and intervention,
19 except as otherwise provided in this section, and in an emergency situation, nor shall any physician
20 assistant bill a patient independently or directly for any services or procedure by the physician
21 assistant; except that, nothing in this subsection shall be construed to prohibit a physician assistant
22 from enrolling with the department of social services as a MO HealthNet or Medicaid provider
23 while acting under a supervision agreement between the physician and physician assistant.

24 6. For purposes of this section, the licensing of physician assistants shall take place within
25 processes established by the state board of registration for the healing arts through rule and
26 regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
27 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
28 addressing such other matters as are necessary to protect the public and discipline the profession.
29 An application for licensing may be denied or the license of a physician assistant may be suspended
30 or revoked by the board in the same manner and for violation of the standards as set forth by section
31 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed
32 pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants.
33 All applicants for physician assistant licensure who complete a physician assistant training program
34 after January 1, 2008, shall have a master's degree from a physician assistant program.

35 7. "Physician assistant supervision agreement" means a written agreement, jointly agreed-
36 upon protocols or standing order between a supervising physician and a physician assistant, which
37 provides for the delegation of health care services from a supervising physician to a physician
38 assistant and the review of such services. The agreement shall contain at least the following
39 provisions:

40 (1) Complete names, home and business addresses, zip codes, telephone numbers, and state
41 license numbers of the supervising physician and the physician assistant;

42 (2) A list of all offices or locations where the physician routinely provides patient care, and
43 in which of such offices or locations the supervising physician has authorized the physician assistant
44 to practice;

45 (3) All specialty or board certifications of the supervising physician;

46 (4) The manner of supervision between the supervising physician and the physician
47 assistant, including how the supervising physician and the physician assistant shall:

48 (a) Attest on a form provided by the board that the physician shall provide supervision

1 appropriate to the physician assistant's training and experience and that the physician assistant shall
 2 not practice beyond the scope of the physician assistant's training and experience nor the supervising
 3 physician's capabilities and training; and

4 (b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising
 5 physician;

6 (5) The duration of the supervision agreement between the supervising physician and
 7 physician assistant; and

8 (6) A description of the time and manner of the supervising physician's review of the
 9 physician assistant's delivery of health care services. Such description shall include provisions that
 10 the supervising physician, or a designated supervising physician listed in the supervision agreement
 11 review a minimum of ten percent of the charts of the physician assistant's delivery of health care
 12 services every fourteen days.

13 8. When a physician assistant supervision agreement is utilized to provide health care
 14 services for conditions other than acute self-limited or well-defined problems, the supervising
 15 physician or other physician designated in the supervision agreement shall see the patient for
 16 evaluation and approve or formulate the plan of treatment for new or significantly changed
 17 conditions as soon as practical, but in no case more than two weeks after the patient has been seen
 18 by the physician assistant.

19 9. At all times the physician is responsible for the oversight of the activities of, and accepts
 20 responsibility for, health care services rendered by the physician assistant.

21 10. It is the responsibility of the supervising physician to determine and document the
 22 completion of at least a one-month period of time during which the licensed physician assistant shall
 23 practice with a supervising physician continuously present before practicing in a setting where a
 24 supervising physician is not continuously present.

25 11. No contract or other agreement shall require a physician to act as a supervising
 26 physician for a physician assistant against the physician's will. A physician shall have the right to
 27 refuse to act as a supervising physician, without penalty, for a particular physician assistant. No
 28 contract or other agreement shall limit the supervising physician's ultimate authority over any
 29 protocols or standing orders or in the delegation of the physician's authority to any physician
 30 assistant, but this requirement shall not authorize a physician in implementing such protocols,
 31 standing orders, or delegation to violate applicable standards for safe medical practice established
 32 by the hospital's medical staff.

33 12. Physician assistants shall file with the board a copy of their supervising physician form.

34 13. No physician shall be designated to serve as supervising physician or collaborating
 35 physician for more than ~~three~~ six full-time equivalent licensed physician assistants, full-time
 36 equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any
 37 combination thereof. This limitation shall not apply to physician assistant agreements of hospital
 38 employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified
 39 registered nurse anesthetist providing anesthesia services under the supervision of an
 40 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as
 41 set out in subsection 7 of section 334.104.

42 334.747. 1. A physician assistant with a certificate of controlled substance prescriptive
 43 authority as provided in this section may prescribe any controlled substance listed in Schedule III,
 44 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the
 45 authority to prescribe controlled substances in a supervision agreement. Such authority shall be
 46 listed on the supervision verification form on file with the state board of healing arts. The
 47 supervising physician shall maintain the right to limit a specific scheduled drug or scheduled drug
 48 category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the

supervision form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a supervision agreement are restricted to only those medications containing hydrocodone. Physician assistants shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication assisted treatment for substance use disorders under the direction of the supervising physician. Physician assistants who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

2. The supervising physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the physician assistant during which the physician assistant shall practice with the supervising physician on-site prior to prescribing controlled substances when the supervising physician is not on-site. Such limitation shall not apply to physician assistants of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

3. A physician assistant shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of the completion of the following educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices. A course or courses with advanced pharmacological content in a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency shall satisfy such requirement;

(2) Completion of a minimum of three hundred clock hours of clinical training by the supervising physician in the prescription of drugs, medicines, and therapeutic devices;

(3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. One year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy such requirement. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices;

(4) A physician assistant previously licensed in a jurisdiction where physician assistants are authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a supervising physician can attest that the physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.

337.025. 1. The provisions of this section shall govern the education and experience requirements for initial licensure as a psychologist for the following persons:

(1) A person who has not matriculated in a graduate degree program which is primarily psychological in nature on or before August 28, 1990; and

(2) A person who is matriculated after August 28, 1990, in a graduate degree program designed to train professional psychologists.

2. Each applicant shall submit satisfactory evidence to the committee that the applicant has received a doctoral degree in psychology from a recognized educational institution, and has had at least one year of satisfactory supervised professional experience in the field of psychology.

3. A doctoral degree in psychology is defined as:

(1) A program accredited, or provisionally accredited, by the American Psychological Association [or] (APA), the Canadian Psychological Association, or the Psychological Clinical Science Accreditation System (PCSAS) provided that such program include a supervised practicum, internship, field, or laboratory training appropriate to the practice of psychology; or

(2) A program designated or approved, including provisional approval, by the Association of State and Provincial Psychology Boards or the Council for the National Register of Health Service Providers in Psychology, or both; or

(3) A graduate program that meets all of the following criteria:

(a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Such a program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(b) The psychology program shall stand as a recognizable, coherent organizational entity within the institution of higher education;

(c) There shall be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(d) The program shall be an integrated, organized, sequence of study;

(e) There shall be an identifiable psychology faculty and a psychologist responsible for the program;

(f) The program shall have an identifiable body of students who are matriculated in that program for a degree;

(g) The program shall include a supervised practicum, internship, field, or laboratory training appropriate to the practice of psychology;

(h) The curriculum shall encompass a minimum of three academic years of full-time graduate study, with a minimum of one year's residency at the educational institution granting the doctoral degree; and

(i) Require the completion by the applicant of a core program in psychology which shall be met by the completion and award of at least one three-semester-hour graduate credit course or a combination of graduate credit courses totaling three semester hours or five quarter hours in each of the following areas:

a. The biological bases of behavior such as courses in: physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology;

b. The cognitive-affective bases of behavior such as courses in: learning, thinking, motivation, emotion, and cognitive psychology;

c. The social bases of behavior such as courses in: social psychology, group processes/dynamics, interpersonal relationships, and organizational and systems theory;

d. Individual differences such as courses in: personality theory, human development, abnormal psychology, developmental psychology, child psychology, adolescent psychology, psychology of aging, and theories of personality;

e. The scientific methods and procedures of understanding, predicting and influencing human behavior such as courses in: statistics, experimental design, psychometrics, individual testing, group testing, and research design and methodology.

4. Acceptable supervised professional experience may be accrued through preinternship, internship, predoctoral postinternship, or postdoctoral experiences. The academic training director or the postdoctoral training supervisor shall attest to the hours accrued to meet the requirements of this section. Such hours shall consist of:

(1) A minimum of fifteen hundred hours of experience in a successfully completed internship to be completed in not less than twelve nor more than twenty-four months; and

(2) A minimum of two thousand hours of experience consisting of any combination of the

1 following:

2 (a) Preinternship and predoctoral postinternship professional experience that occurs
3 following the completion of the first year of the doctoral program or at any time while in a doctoral
4 program after completion of a master's degree in psychology or equivalent as defined by rule by the
5 committee;

6 (b) Up to seven hundred fifty hours obtained while on the internship under subdivision (1)
7 of this subsection but beyond the fifteen hundred hours identified in subdivision (1) of this
8 subsection; or

9 (c) Postdoctoral professional experience obtained in no more than twenty-four consecutive
10 calendar months. In no case shall this experience be accumulated at a rate of more than fifty hours
11 per week. Postdoctoral supervised professional experience for prospective health service providers
12 and other applicants shall involve and relate to the delivery of psychological services in accordance
13 with professional requirements and relevant to the applicant's intended area of practice.

14 5. Experience for those applicants who intend to seek health service provider certification
15 and who have completed a program in one or more of the American Psychological Association
16 designated health service provider delivery areas shall be obtained under the primary supervision of
17 a licensed psychologist who is also a health service provider or who otherwise meets the
18 requirements for health service provider certification. Experience for those applicants who do not
19 intend to seek health service provider certification shall be obtained under the primary supervision
20 of a licensed psychologist or such other qualified mental health professional approved by the
21 committee.

22 6. For postinternship and postdoctoral hours, the psychological activities of the applicant
23 shall be performed pursuant to the primary supervisor's order, control, and full professional
24 responsibility. The primary supervisor shall maintain a continuing relationship with the applicant
25 and shall meet with the applicant a minimum of one hour per month in face-to-face individual
26 supervision. Clinical supervision may be delegated by the primary supervisor to one or more
27 secondary supervisors who are qualified psychologists. The secondary supervisors shall retain
28 order, control, and full professional responsibility for the applicant's clinical work under their
29 supervision and shall meet with the applicant a minimum of one hour per week in face-to-face
30 individual supervision. If the primary supervisor is also the clinical supervisor, meetings shall be a
31 minimum of one hour per week. Group supervision shall not be acceptable for supervised
32 professional experience. The primary supervisor shall certify to the committee that the applicant
33 has complied with these requirements and that the applicant has demonstrated ethical and competent
34 practice of psychology. The changing by an agency of the primary supervisor during the course of
35 the supervised experience shall not invalidate the supervised experience.

36 7. The committee by rule shall provide procedures for exceptions and variances from the
37 requirements for once a week face-to-face supervision due to vacations, illness, pregnancy, and
38 other good causes.

39 337.029. 1. A psychologist licensed in another jurisdiction who has had no violations and
40 no suspensions and no revocation of a license to practice psychology in any jurisdiction may receive
41 a license in Missouri, provided the psychologist passes a written examination on Missouri laws and
42 regulations governing the practice of psychology and meets one of the following criteria:

- 43 (1) Is a diplomate of the American Board of Professional Psychology;
- 44 (2) Is a member of the National Register of Health Service Providers in Psychology;
- 45 (3) Is currently licensed or certified as a psychologist in another jurisdiction who is then a
46 signatory to the Association of State and Provincial Psychology Board's reciprocity agreement;
- 47 (4) Is currently licensed or certified as a psychologist in another state, territory of the United
48 States, or the District of Columbia and:

(a) Has a doctoral degree in psychology from a program accredited, or provisionally accredited, by the American Psychological Association or the Psychological Clinical Science Accreditation System, or that meets the requirements as set forth in subdivision (3) of subsection 3 of section 337.025;

(b) Has been licensed for the preceding five years; and

(c) Has had no disciplinary action taken against the license for the preceding five years; or

(5) Holds a current certificate of professional qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB).

2. Notwithstanding the provisions of subsection 1 of this section, applicants may be required to pass an oral examination as adopted by the committee.

3. A psychologist who receives a license for the practice of psychology in the state of Missouri on the basis of reciprocity as listed in subsection 1 of this section or by endorsement of the score from the examination of professional practice in psychology score will also be eligible for and shall receive certification from the committee as a health service provider if the psychologist meets one or more of the following criteria:

(1) Is a diplomate of the American Board of Professional Psychology in one or more of the specialties recognized by the American Board of Professional Psychology as pertaining to health service delivery;

(2) Is a member of the National Register of Health Service Providers in Psychology; or

(3) Has completed or obtained through education, training, or experience the requisite knowledge comparable to that which is required pursuant to section 337.033.

337.033. 1. A licensed psychologist shall limit his or her practice to demonstrated areas of competence as documented by relevant professional education, training, and experience. A psychologist trained in one area shall not practice in another area without obtaining additional relevant professional education, training, and experience through an acceptable program of respecialization.

2. A psychologist may not represent or hold himself or herself out as a state certified or registered psychological health service provider unless the psychologist has first received the psychologist health service provider certification from the committee; provided, however, nothing in this section shall be construed to limit or prevent a licensed, whether temporary, provisional or permanent, psychologist who does not hold a health service provider certificate from providing psychological services so long as such services are consistent with subsection 1 of this section.

3. "Relevant professional education and training" for health service provider certification, except those entitled to certification pursuant to subsection 5 or 6 of this section, shall be defined as a licensed psychologist whose graduate psychology degree from a recognized educational institution is in an area designated by the American Psychological Association as pertaining to health service delivery or a psychologist who subsequent to receipt of his or her graduate degree in psychology has either completed a respecialization program from a recognized educational institution in one or more of the American Psychological Association recognized clinical health service provider areas and who in addition has completed at least one year of postdegree supervised experience in such clinical area or a psychologist who has obtained comparable education and training acceptable to the committee through completion of postdoctoral fellowships or otherwise.

4. The degree or respecialization program certificate shall be obtained from a recognized program of graduate study in one or more of the health service delivery areas designated by the American Psychological Association as pertaining to health service delivery, which shall meet one of the criteria established by subdivisions (1) to (3) of this subsection:

(1) A doctoral degree or completion of a recognized respecialization program in one or more of the American Psychological Association designated health service provider delivery areas

1 which is accredited, or provisionally accredited, either by the American Psychological Association
 2 or the Psychological Clinical Science Accreditation System; or

3 (2) A clinical or counseling psychology doctoral degree program or respecialization
 4 program designated, or provisionally approved, by the Association of State and Provincial
 5 Psychology Boards or the Council for the National Register of Health Service Providers in
 6 Psychology, or both; or

7 (3) A doctoral degree or completion of a respecialization program in one or more of the
 8 American Psychological Association designated health service provider delivery areas that meets the
 9 following criteria:

10 (a) The program, wherever it may be administratively housed, shall be clearly identified and
 11 labeled as being in one or more of the American Psychological Association designated health
 12 service provider delivery areas;

13 (b) Such a program shall specify in pertinent institutional catalogues and brochures its intent
 14 to educate and train professional psychologists in one or more of the American Psychological
 15 Association designated health service provider delivery areas.

16 5. A person who is lawfully licensed as a psychologist pursuant to the provisions of this
 17 chapter on August 28, 1989, or who has been approved to sit for examination prior to August 28,
 18 1989, and who subsequently passes the examination shall be deemed to have met all requirements
 19 for health service provider certification; provided, however, that such person shall be governed by
 20 the provisions of subsection 1 of this section with respect to limitation of practice.

21 6. Any person who is lawfully licensed as a psychologist in this state and who meets one or
 22 more of the following criteria shall automatically, upon payment of the requisite fee, be entitled to
 23 receive a health service provider certification from the committee:

24 (1) Is a diplomate of the American Board of Professional Psychology in one or more of the
 25 specialties recognized by the American Board of Professional Psychology as pertaining to health
 26 service delivery; or

27 (2) Is a member of the National Register of Health Service Providers in Psychology.

28 374.426. 1. Any entity in the business of delivering or financing health care shall provide
 29 data regarding quality of patient care and patient satisfaction to the director of the department of
 30 insurance, financial institutions and professional registration. Failure to provide such data as
 31 required by the director of the department of insurance, financial institutions and professional
 32 registration shall constitute grounds for violation of the unfair trade practices act, sections 375.930
 33 to 375.948.

34 2. In defining data standards for quality of care and patient satisfaction, the director of the
 35 department of insurance, financial institutions and professional registration shall:

36 (1) Use as the initial data set the HMO Employer Data and Information Set developed by
 37 the National Committee for Quality Assurance;

38 (2) Consult with nationally recognized accreditation organizations, including but not limited
 39 to the National Committee for Quality Assurance and the Joint Committee on Accreditation of
 40 Health Care Organizations; and

41 (3) Consult with a state committee of a national committee convened to develop standards
 42 regarding uniform billing of health care claims.

43 3. In defining data standards for quality of care and patient satisfaction, the director of the
 44 department of insurance, financial institutions and professional registration shall not require patient
 45 scoring of pain control.

46 4. Beginning August 28, 2018, the director of the department of insurance, financial
 47 institutions and professional registration shall discontinue the use of patient satisfaction scores and
 48 shall not make them available to the public to the extent allowed by federal law."; and

Further amend said bill, Page 10, Section 376.690, Line 100, by inserting after all of said section and line the following:

"376.811. 1. Every insurance company and health services corporation doing business in this state shall offer in all health insurance policies benefits or coverage for chemical dependency meeting the following minimum standards:

(1) Coverage for outpatient treatment through a nonresidential treatment program, or through partial- or full-day program services, of not less than twenty-six days per policy benefit period;

(2) Coverage for residential treatment program of not less than twenty-one days per policy benefit period;

(3) Coverage for medical or social setting detoxification of not less than six days per policy benefit period;

(4) Coverage for medication-assisted treatment for substance use disorders, using any drug approved for sale by the Food and Drug Administration for use in treating such patient's condition, including opioid-use and heroin-use disorders. No prior authorization, step therapy, or fail-first therapy shall be required for medication-assisted treatment;

~~[(4)]~~ (5) The coverages set forth in this subsection may be subject to a separate lifetime frequency cap of not less than ten episodes of treatment, except that such separate lifetime frequency cap shall not apply to medical detoxification in a life-threatening situation as determined by the treating physician and subsequently documented within forty-eight hours of treatment to the reasonable satisfaction of the insurance company or health services corporation; and

~~[(5)]~~ (6) The coverages set forth in this subsection:

(a) Shall be subject to the same coinsurance, co-payment and deductible factors as apply to physical illness;

(b) May be administered pursuant to a managed care program established by the insurance company or health services corporation; and

(c) May deliver covered services through a system of contractual arrangements with one or more providers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri.

2. In addition to the coverages set forth in subsection 1 of this section, every insurance company, health services corporation and health maintenance organization doing business in this state shall offer in all health insurance policies, benefits or coverages for recognized mental illness, excluding chemical dependency, meeting the following minimum standards:

(1) Coverage for outpatient treatment, including treatment through partial- or full-day program services, for mental health services for a recognized mental illness rendered by a licensed professional to the same extent as any other illness;

(2) Coverage for residential treatment programs for the therapeutic care and treatment of a recognized mental illness when prescribed by a licensed professional and rendered in a psychiatric residential treatment center licensed by the department of mental health or accredited by the Joint Commission on Accreditation of Hospitals to the same extent as any other illness;

(3) Coverage for inpatient hospital treatment for a recognized mental illness to the same extent as for any other illness, not to exceed ninety days per year;

(4) The coverages set forth in this subsection shall be subject to the same coinsurance, co-payment, deductible, annual maximum and lifetime maximum factors as apply to physical illness; and

(5) The coverages set forth in this subsection may be administered pursuant to a managed care program established by the insurance company, health services corporation or health maintenance organization, and covered services may be delivered through a system of contractual arrangements with one or more providers, community mental health centers, hospitals, nonresidential or residential treatment programs, or other mental health service delivery entities certified by the department of mental health, or accredited by a nationally recognized organization, or licensed by the state of Missouri.

3. The offer required by sections 376.810 to 376.814 may be accepted or rejected by the group or individual policyholder or contract holder and, if accepted, shall fully and completely satisfy and substitute for the coverage under section 376.779. Nothing in sections 376.810 to 376.814 shall prohibit an insurance company, health services corporation or health maintenance organization from including all or part of the coverages set forth in sections 376.810 to 376.814 as standard coverage in their policies or contracts issued in this state.

4. Every insurance company, health services corporation and health maintenance organization doing business in this state shall offer in all health insurance policies mental health benefits or coverage as part of the policy or as a supplement to the policy. Such mental health benefits or coverage shall include at least two sessions per year to a licensed psychiatrist, licensed psychologist, licensed professional counselor, licensed clinical social worker, or, subject to contractual provisions, a licensed marital and family therapist, acting within the scope of such license and under the following minimum standards:

(1) Coverage and benefits in this subsection shall be for the purpose of diagnosis or assessment, but not dependent upon findings; and

(2) Coverage and benefits in this subsection shall not be subject to any conditions of preapproval, and shall be deemed reimbursable as long as the provisions of this subsection are satisfied; and

(3) Coverage and benefits in this subsection shall be subject to the same coinsurance, co-payment and deductible factors as apply to regular office visits under coverages and benefits for physical illness.

5. If the group or individual policyholder or contract holder rejects the offer required by this section, then the coverage shall be governed by the mental health and chemical dependency insurance act as provided in sections 376.825 to 376.836.

6. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care policy, short-term major medical policy of six months or less duration, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration."; and

Further amend said bill, Page 15, Section 376.1367, Line 28, by inserting after all of said section and line the following:

"376.1550. 1. Notwithstanding any other provision of law to the contrary, each health carrier that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2005, shall provide coverage for a mental health condition, as defined in this section, and shall comply with the following provisions:

(1) A health benefit plan shall provide coverage for treatment of a mental health condition and shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a mental health condition than for access to treatment for a

1 physical health condition. Any deductible or out-of-pocket limits required by a health carrier or
 2 health benefit plan shall be comprehensive for coverage of all health conditions, whether mental or
 3 physical;

4 (2) The coverages set forth in this subsection:

5 (a) May be administered pursuant to a managed care program established by the health
 6 carrier; and

7 (b) May deliver covered services through a system of contractual arrangements with one or
 8 more providers, hospitals, nonresidential or residential treatment programs, or other mental health
 9 service delivery entities certified by the department of mental health, or accredited by a nationally
 10 recognized organization, or licensed by the state of Missouri;

11 (3) A health benefit plan that does not otherwise provide for management of care under the
 12 plan or that does not provide for the same degree of management of care for all health conditions
 13 may provide coverage for treatment of mental health conditions through a managed care
 14 organization; provided that the managed care organization is in compliance with rules adopted by
 15 the department of insurance, financial institutions and professional registration that assure that the
 16 system for delivery of treatment for mental health conditions does not diminish or negate the
 17 purpose of this section. The rules adopted by the director shall assure that:

18 (a) Timely and appropriate access to care is available;

19 (b) The quantity, location, and specialty distribution of health care providers is adequate;
 20 and

21 (c) Administrative or clinical protocols do not serve to reduce access to medically necessary
 22 treatment for any insured;

23 (4) Coverage for treatment for chemical dependency shall comply with sections 376.779,
 24 376.810 to 376.814, and 376.825 to 376.836 and for the purposes of this subdivision the term
 25 "health insurance policy" as used in sections 376.779, 376.810 to 376.814, and 376.825 to 376.836,
 26 the term "health insurance policy" shall include group coverage.

27 2. As used in this section, the following terms mean:

28 (1) "Chemical dependency", the psychological or physiological dependence upon and abuse
 29 of drugs, including alcohol, characterized by drug tolerance or withdrawal and impairment of social
 30 or occupational role functioning or both;

31 (2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

32 (3) "Health carrier", the same meaning as such term is defined in section 376.1350;

33 (4) "Mental health condition", any condition or disorder defined by categories listed in the
 34 most recent edition of the Diagnostic and Statistical Manual of Mental Disorders ~~[except for~~
 35 ~~chemical dependency]~~;

36 (5) "Managed care organization", any financing mechanism or system that manages care
 37 delivery for its members or subscribers, including health maintenance organizations and any other
 38 similar health care delivery system or organization;

39 (6) "Rate, term, or condition", any lifetime or annual payment limits, deductibles, co-
 40 payments, coinsurance, and other cost-sharing requirements, out-of-pocket limits, visit limits, and
 41 any other financial component of a health benefit plan that affects the insured.

42 3. This section shall not apply to a health plan or policy that is individually underwritten or
 43 provides such coverage for specific individuals and members of their families pursuant to section
 44 376.779, sections 376.810 to 376.814, and sections 376.825 to 376.836, a supplemental insurance
 45 policy, including a life care contract, accident-only policy, specified disease policy, hospital policy
 46 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
 47 hospitalization-surgical care policy, short-term major medical policies of six months or less
 48 duration, or any other supplemental policy as determined by the director of the department of

1 insurance, financial institutions and professional registration.

2 4. Notwithstanding any other provision of law to the contrary, all health insurance policies
3 that cover state employees, including the Missouri consolidated health care plan, shall include
4 coverage for mental illness. Multiyear group policies need not comply until the expiration of their
5 current multiyear term unless the policyholder elects to comply before that time.

6 5. The provisions of this section shall not be violated if the insurer decides to apply different
7 limits or exclude entirely from coverage the following:

8 (1) Marital, family, educational, or training services unless medically necessary and
9 clinically appropriate;

10 (2) Services rendered or billed by a school or halfway house;

11 (3) Care that is custodial in nature;

12 (4) Services and supplies that are not immediately nor clinically appropriate; or

13 (5) Treatments that are considered experimental.

14 6. The director shall grant a policyholder a waiver from the provisions of this section if the
15 policyholder demonstrates to the director by actual experience over any consecutive twenty-four-
16 month period that compliance with this section has increased the cost of the health insurance policy
17 by an amount that results in a two percent increase in premium costs to the policyholder. The
18 director shall promulgate rules establishing a procedure and appropriate standards for making such a
19 demonstration. Any rule or portion of a rule, as that term is defined in section 536.010, that is
20 created under the authority delegated in this section shall become effective only if it complies with
21 and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This
22 section and chapter 536 are nonseverable and if any of the powers vested with the general assembly
23 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
24 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or
25 adopted after August 28, 2004, shall be invalid and void.

26 630.875. 1. This section shall be known and may be cited as the "Improved Access to
27 Treatment for Opioid Addictions Act" or "IATOA Act".

28 2. As used in this section, the following terms mean:

29 (1) "Department", the department of mental health;

30 (2) "IATOA program", the improved access to treatment for opioid addictions program
31 created under subsection 3 of this section.

32 3. Subject to appropriations, the department shall create and oversee an "Improved Access
33 to Treatment for Opioid Addictions Program", which is hereby created and whose purpose is to
34 disseminate information and best practices regarding opioid addiction and to facilitate collaborations
35 to better treat and prevent opioid addiction in this state. The IATOA program shall facilitate
36 partnerships between assistant physicians, physician assistants, and advanced practice registered
37 nurses practicing in federally qualified health centers, rural health clinics, and other health care
38 facilities and physicians practicing at remote facilities located in this state. The IATOA program
39 shall provide resources that grant patients and their treating assistant physicians, physician
40 assistants, advanced practice registered nurses, or physicians access to knowledge and expertise
41 through means such as telemedicine and Extension for Community Healthcare Outcomes (ECHO)
42 programs established under section 191.1140.

43 4. Assistant physicians, physician assistants, and advanced practice registered nurses who
44 participate in the IATOA program shall complete the necessary requirements to prescribe
45 buprenorphine within at least thirty days of joining the IATOA program.

46 5. For the purposes of the IATOA program, a remote collaborating or supervising physician
47 working with an on-site assistant physician, physician assistant, or advanced practice registered
48 nurse shall be considered to be on-site. An assistant physician, physician assistant, or advanced

1 practice registered nurse collaborating with a remote physician shall comply with all laws and
 2 requirements applicable to assistant physicians, physician assistants, or advanced practice registered
 3 nurses with on-site supervision before providing treatment to a patient.

4 6. An assistant physician, physician assistant, or advanced practice registered nurse
 5 collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate
 6 in the IATOA program in any area of the state and provide all services and functions of an assistant
 7 physician, physician assistant, or advanced practice registered nurse.

8 7. The department may develop curriculum and benchmark examinations on the subject of
 9 opioid addiction and treatment. The department may collaborate with specialists, institutions of
 10 higher education, and medical schools for such development. Completion of such a curriculum and
 11 passing of such an examination by an assistant physician, physician assistant, advanced practice
 12 registered nurse, or physician shall result in a certificate awarded by the department or sponsoring
 13 institution, if any.

14 8. An assistant physician, physician assistant, or advanced practice registered nurse
 15 participating in the IATOA program may also:

- 16 (1) Engage in community education;
- 17 (2) Engage in professional education outreach programs with local treatment providers;
- 18 (3) Serve as a liaison to courts;
- 19 (4) Serve as a liaison to addiction support organizations;
- 20 (5) Provide educational outreach to schools;
- 21 (6) Treat physical ailments of patients in an addiction treatment program or considering
 22 entering such a program;
- 23 (7) Refer patients to treatment centers;
- 24 (8) Assist patients with court and social service obligations;
- 25 (9) Perform other functions as authorized by the department; and
- 26 (10) Provide mental health services in collaboration with a qualified licensed physician.

27
 28 The list of authorizations in this subsection is a nonexclusive list, and assistant physicians, physician
 29 assistants, or advanced practice registered nurses participating in the IATOA program may perform
 30 other actions.

31 9. When an overdose survivor arrives in the emergency department, the assistant physician,
 32 physician assistant, or advanced practice registered nurse serving as a recovery coach or, if the
 33 assistant physician, physician assistant, or advanced practice registered nurse is unavailable, another
 34 properly trained recovery coach shall, when reasonably practicable, meet with the overdose survivor
 35 and provide treatment options and support available to the overdose survivor. The department shall
 36 assist recovery coaches in providing treatment options and support to overdose survivors.

37 10. The provisions of this section shall supersede any contradictory statutes, rules, or
 38 regulations. The department shall implement the improved access to treatment for opioid addictions
 39 program as soon as reasonably possible using guidance within this section. Further refinement to
 40 the improved access to treatment for opioid addictions program may be done through the rules
 41 process.

42 11. The department shall promulgate rules to implement the provisions of the improved
 43 access to treatment for opioid addictions act as soon as reasonably possible. Any rule or portion of
 44 a rule, as that term is defined in section 536.010, that is created under the authority delegated in this
 45 section shall become effective only if it complies with and is subject to all of the provisions of
 46 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and
 47 if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
 48 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the

1 grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be
 2 invalid and void.

3 632.005. As used in chapter 631 and this chapter, unless the context clearly requires
 4 otherwise, the following terms shall mean:

5 (1) "Comprehensive psychiatric services", any one, or any combination of two or more, of
 6 the following services to persons affected by mental disorders other than intellectual disabilities or
 7 developmental disabilities: inpatient, outpatient, day program or other partial hospitalization,
 8 emergency, diagnostic, treatment, liaison, follow-up, consultation, education, rehabilitation,
 9 prevention, screening, transitional living, medical prevention and treatment for alcohol abuse, and
 10 medical prevention and treatment for drug abuse;

11 (2) "Council", the Missouri advisory council for comprehensive psychiatric services;

12 (3) "Court", the court which has jurisdiction over the respondent or patient;

13 (4) "Division", the division of comprehensive psychiatric services of the department of
 14 mental health;

15 (5) "Division director", director of the division of comprehensive psychiatric services of the
 16 department of mental health, or his designee;

17 (6) "Head of mental health facility", superintendent or other chief administrative officer of a
 18 mental health facility, or his designee;

19 (7) "Judicial day", any Monday, Tuesday, Wednesday, Thursday or Friday when the court is
 20 open for business, but excluding Saturdays, Sundays and legal holidays;

21 (8) "Licensed physician", a physician licensed pursuant to the provisions of chapter 334 or a
 22 person authorized to practice medicine in this state pursuant to the provisions of section 334.150;

23 (9) "Licensed professional counselor", a person licensed as a professional counselor under
 24 chapter 337 and with a minimum of one year training or experience in providing psychiatric care,
 25 treatment, or services in a psychiatric setting to individuals suffering from a mental disorder;

26 (10) "Likelihood of serious harm" means any one or more of the following but does not
 27 require actual physical injury to have occurred:

28 (a) A substantial risk that serious physical harm will be inflicted by a person upon his own
 29 person, as evidenced by recent threats, including verbal threats, or attempts to commit suicide or
 30 inflict physical harm on himself. Evidence of substantial risk may also include information about
 31 patterns of behavior that historically have resulted in serious harm previously being inflicted by a
 32 person upon himself;

33 (b) A substantial risk that serious physical harm to a person will result or is occurring
 34 because of an impairment in his capacity to make decisions with respect to his hospitalization and
 35 need for treatment as evidenced by his current mental disorder or mental illness which results in an
 36 inability to provide for his own basic necessities of food, clothing, shelter, safety or medical care or
 37 his inability to provide for his own mental health care which may result in a substantial risk of
 38 serious physical harm. Evidence of that substantial risk may also include information about patterns
 39 of behavior that historically have resulted in serious harm to the person previously taking place
 40 because of a mental disorder or mental illness which resulted in his inability to provide for his basic
 41 necessities of food, clothing, shelter, safety or medical or mental health care; or

42 (c) A substantial risk that serious physical harm will be inflicted by a person upon another
 43 as evidenced by recent overt acts, behavior or threats, including verbal threats, which have caused
 44 such harm or which would place a reasonable person in reasonable fear of sustaining such harm.
 45 Evidence of that substantial risk may also include information about patterns of behavior that
 46 historically have resulted in physical harm previously being inflicted by a person upon another
 47 person;

48 (11) "Mental health coordinator", a mental health professional who has knowledge of the

1 laws relating to hospital admissions and civil commitment and who is authorized by the director of
2 the department, or his designee, to serve a designated geographic area or mental health facility and
3 who has the powers, duties and responsibilities provided in this chapter;

4 (12) "Mental health facility", any residential facility, public or private, or any public or
5 private hospital, which can provide evaluation, treatment and, inpatient care to persons suffering
6 from a mental disorder or mental illness and which is recognized as such by the department or any
7 outpatient treatment program certified by the department of mental health. No correctional
8 institution or facility, jail, regional center or developmental disability facility shall be a mental
9 health facility within the meaning of this chapter;

10 (13) "Mental health professional", a psychiatrist, resident in psychiatry, psychiatric
11 physician assistant, psychiatric assistant physician, psychiatric advanced practice registered nurse,
12 psychologist, psychiatric nurse, licensed professional counselor, or psychiatric social worker;

13 (14) "Mental health program", any public or private residential facility, public or private
14 hospital, public or private specialized service or public or private day program that can provide care,
15 treatment, rehabilitation or services, either through its own staff or through contracted providers, in
16 an inpatient or outpatient setting to persons with a mental disorder or mental illness or with a
17 diagnosis of alcohol abuse or drug abuse which is recognized as such by the department. No
18 correctional institution or facility or jail may be a mental health program within the meaning of this
19 chapter;

20 (15) "Ninety-six hours" shall be construed and computed to exclude Saturdays, Sundays and
21 legal holidays which are observed either by the court or by the mental health facility where the
22 respondent is detained;

23 (16) "Peace officer", a sheriff, deputy sheriff, county or municipal police officer or highway
24 patrolman;

25 (17) "Psychiatric advanced practice registered nurse", a registered nurse who is currently
26 recognized by the board of nursing as an advanced practice registered nurse, who has at least two
27 years of experience in providing psychiatric treatment to individuals suffering from mental
28 disorders;

29 (18) "Psychiatric assistant physician", a licensed assistant physician under chapter 334 and
30 who has had at least two years of experience as an assistant physician in providing psychiatric
31 treatment to individuals suffering from mental health disorders;

32 (19) "Psychiatric nurse", a registered professional nurse who is licensed under chapter 335
33 and who has had at least two years of experience as a registered professional nurse in providing
34 psychiatric nursing treatment to individuals suffering from mental disorders;

35 (20) "Psychiatric physician assistant", a licensed physician assistant under chapter 334 and
36 who has had at least two years of experience as a physician assistant in providing psychiatric
37 treatment to individuals suffering from mental health disorders or a graduate of a postgraduate
38 residency or fellowship for physician assistants in psychiatry;

39 [(18)] (21) "Psychiatric social worker", a person with a master's or further advanced degree
40 from an accredited school of social work, practicing pursuant to chapter 337, and with a minimum
41 of one year training or experience in providing psychiatric care, treatment or services in a
42 psychiatric setting to individuals suffering from a mental disorder;

43 [(19)] (22) "Psychiatrist", a licensed physician who in addition has successfully completed a
44 training program in psychiatry approved by the American Medical Association, the American
45 Osteopathic Association or other training program certified as equivalent by the department;

46 [(20)] (23) "Psychologist", a person licensed to practice psychology under chapter 337 with
47 a minimum of one year training or experience in providing treatment or services to mentally
48 disordered or mentally ill individuals;

1 ~~[(21)]~~ (24) "Resident in psychiatry", a licensed physician who is in a training program in
2 psychiatry approved by the American Medical Association, the American Osteopathic Association
3 or other training program certified as equivalent by the department;

4 ~~[(22)]~~ (25) "Respondent", an individual against whom involuntary civil detention
5 proceedings are instituted pursuant to this chapter;

6 ~~[(23)]~~ (26) "Treatment", any effort to accomplish a significant change in the mental or
7 emotional conditions or the behavior of the patient consistent with generally recognized principles
8 or standards in the mental health professions."; and

9
10 Further amend said bill by amending the title, enacting clause, and intersectional references
11 accordingly.